



Frequently asked questions and updates about 2009 H1N1 Flu (Swine Flu) in Alaska

Highlights

- **It's still flu season in Alaska.**
 - It's still not too late to be vaccinated against the flu. Flu season in Alaska often stretches into early spring.
 - A poke in the arm beats a couple days in bed feeling miserable.
 - Protect yourself, or do it for the ones you love.
- **Vaccine is available to all Alaskans.**
 - Over 300,000 doses of vaccine have been made available throughout Alaska with more on the way upon request.
 - The state will provide vaccine to providers as requested.
 - Anyone who wants the shot can and should get it.
- Communities around the state plan to hold clinics for the general public. A list of public clinics is posted here, [Vaccination Clinic Schedule](#).
- Healthy people from age 10 to 64 only need one dose of the 2009 H1N1 vaccine to be immunized. Children from 6 months to 9 years old need two doses.
- Influenza usually peaks between February and March in Alaska. That could mean a third wave of H1N1 flu or an upsurge in seasonal flu. Vaccines for both are available.

General Questions

Q. What's the difference between a pandemic influenza outbreak and a bad influenza season?

- An influenza pandemic is a global outbreak of disease that occurs when a new influenza virus appears or "emerges" in the human population, causes serious illness and then spreads easily from person to person worldwide.
- Pandemics are caused by a new strain of influenza against which there is little or no natural resistance and no vaccine.
- Influenza viruses that have circulated previously cause normal annual influenza outbreaks. Many people have some immunity to circulating strains. Every year in the United States, on average, 5–20 percent of the population gets the flu.

Q. What are the symptoms of the flu?

A. Flu symptoms include fever, cough, sore throat, chills, runny nose, fatigue, body aches, headache and sometimes vomiting and diarrhea. Some people with the flu don't get a fever. The symptoms for 2009 H1N1 flu and seasonal flu are usually the same.

Q. How long should I stay home if I have the flu?

A. Those with a flu-like illness should stay home for at least 24 hours after the fever subsides on its own (i.e., without the aid of fever-reducing medicine) and regardless of

whether they're using antiviral drugs or not. Health-care workers should stay home for 7 days or until symptoms are gone, whichever is longer.

Q. Will seasonal and novel H1N1 be circulating at the same time this fall?

A. Yes. The CDC still anticipates that H1N1 influenza will co-circulate with regular seasonal flu. The timing, spread and severity of the novel H1N1 virus and seasonal viruses are uncertain, but the number of people with flu-like illnesses in the United States is still above pandemic levels. (Go to www.cdc.gov/flu/weekly/ for weekly updates.)

Fall Vaccine Plans in Alaska

Q. Where is vaccine available?

A. Immunizations are available at clinics organized by local health departments, health-care providers, schools and private entities like pharmacies and businesses, as well as at hospitals and other facilities.

Q. Will the seasonal flu vaccine also protect against the 2009 H1N1 flu?

A. No. The seasonal flu vaccine will not protect against H1N1 and the H1N1 vaccine will not protect against seasonal flu. You will need both vaccines to be fully protected.

Q. Should I still get vaccinated if I've already had swine flu?

A. Yes. The CDC still recommends vaccination as an added layer of protection.

Q. Can I get the H1N1 and seasonal vaccines at the same time?

A. Yes. We recommend getting the seasonal vaccine as soon as possible, but the seasonal and H1N1 can be given at the same time as long as both of the vaccines are not nasal spray.

Q. Will a single dose of H1N1 vaccine be effective?

A. Yes. A single dose of H1N1 vaccine appears to be protective immunity in otherwise healthy people age 10 to 64 years.

Q. Does the H1N1 vaccine have adjuvants in it?

None of the seasonal or 2009 H1N1 influenza vaccines currently licensed and distributed by the U.S. government contains adjuvants. This means that none of these influenza vaccines contains squalene or aluminum.

Q. Are there still questions concerning the vaccine?

A. Ongoing studies and trials will continue as the vaccine is distributed in the United States. There is also a system for monitoring side effects. The manufacturing process for the 2009 H1N1 vaccine is identical to that used for seasonal vaccines. The side effects seem to be similar as well, most commonly soreness or redness at the shot site.

Q. What priority groups should especially consider getting the 2009 H1N1 vaccine first?

A. There are currently five groups at higher risk of complications from H1N1 influenza:

1. pregnant women;
2. anyone who lives with or cares for children younger than 6 months old;
3. health-care and emergency service workers

4. everyone age 6 months–24 years old; and
5. adults age 25–64 who have chronic health disorders or compromised immune systems.

Q. Can I get the vaccine if I'm feeling sick or have a health condition?

A. It depends. Always tell your health-care provider about symptoms, health conditions and prior allergic reactions ahead of time. Some people should not be vaccinated without first consulting a physician, including:

- people who have a severe allergy to chicken eggs;
- people who have had a prior severe reaction to an influenza vaccination;
- people who developed GBS within 6 weeks of getting an influenza vaccine;
- children less than 6 months of age; and
- people who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated).

Antiviral drugs

Q. What about the use of antiviral drugs to treat a 2009 H1N1 infection?

A. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping the virus from reproducing in your body. If you get sick, antiviral drugs can make your illness milder. They may also prevent serious flu complications. Antiviral drugs may be prioritized for persons with severe illness or those at higher risk for flu complications.

Q. How much antiviral medication does the state have on hand?

A. The Alaska stockpile total is approximately 92,000 courses of antiviral medications. The state has also stockpiled basic personal protective equipment, including surgical and N95 masks, gloves and pre-packaged kits (gloves, goggles, and masks).

Q. Which antivirals are stockpiled?

A. The state's stockpiled antiviral medications include oseltamivir (Tamiflu®) and zanamivir (Relenza®) in both adult and child formulations.

Q. How much of the stockpile has already been distributed?

A. The state pre-positioned 24 percent of Alaska's total antiviral stockpile to strategically determined supply sites in May 2009. The remainder of the antiviral stockpile is being stored at a centralized facility for future distribution.

Q. Who are considered to be at-risk for severe illness and therefore recommended for anti-viral treatment?

A. Some people are at highest risk of influenza-related complications and are prioritized for treatment with influenza antiviral drugs this season. They include:

- people with more severe illness, such as those hospitalized with suspected or confirmed influenza;
- people with suspected or confirmed influenza who are at higher risk for complications, including:
 - children younger than 2 years old;
 - adults 65 and older;
 - pregnant women;

- people with certain chronic medical or immunosuppressive conditions
- people younger than 19 years of age who are receiving long-term aspirin therapy; and
- children and adults with suspected influenza and symptoms of lower respiratory tract illness or clinical deterioration, regardless of previous health or age.

Physicians may also decide not to treat some people in these groups and/or treat people who are not in these groups based on their clinical judgment.

Advice for Businesses

Q. What advice do you have for businesses?

Ask workers to check themselves for any signs of sickness before going to work. Anyone with flu-like symptoms should be separated from other employees and sent home promptly. They should stay home until at least 24 hours after their fever ends without the use of fever-reducing medicines.

- Review company leave policies to make them more flexible. Offer flexibility so employees can stay home if sick or taking care of sick family members. Some people might also need to stay home if schools are closed.
- Talk about good hygiene at meetings and put up posters and flyers as reminders (<http://www.pandemicflu.alaska.gov/H1N1/materials.htm>).
- Frequently clean commonly touched surfaces in the workplace, such as tables, countertops, and doorknobs.
- Use your established cleaning agents and follow the directions on the label. No additional disinfection beyond routine cleaning is recommended.

Prevention Recommendations

Q. How can we prevent the spread of illness?

A. Take everyday actions to prevent the spread of viruses.

- Cough or sneeze into your sleeve, or cover your nose and mouth with a tissue. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Routinely disinfect hard surfaces.
- Stay home if you get sick to prevent infecting others.

Q. When are masks recommended? Which types?

- Those with novel H1N1 flu should, if tolerable, wear a face mask (dust mask, surgical mask, painter's mask) when in close contact with others.
- Anyone at an increased risk for severe infection from the flu should wear a face mask during close contact with someone who is infected with the flu.
- Health-care providers should wear an N-95 respirator when caring for patients with the novel H1N1 flu.